Health Services & Insurance Commission

ANNUAL REPORT

Nova Scotia

Health Services

and

Insurance Commission

Members

March 31, 1983

Chairman
Clemm E. Larsen
Lawrencetown

Vice-Chairman
Professor R.G. Murray
Dartmouth
Effective June 25, 1982

Jean Dobson
Kentville

G.S. Fairn
Middleton

W.G. Fraser
Baddeck
Term expired January 31, 1983

Dr. Philip Jardine
Musquodoboit Harbour

Rear Admiral W.M. Landymore
Porter's Lake
Resigned August 31, 1982

William MacDonald
Yarmouth

Dr. D.C.T. Macintosh
Halifax

Dr. N.K. MacLennan
Sydney

Dr. Bruce Pretty
Halifax

R.M. Thompson
New Glasgow
Term expired January 31, 1983

Executive Director J.G. Hare

Executive Secretary D.H. Waller

Address: P.O. Box 760, Halifax
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84- 3018 /

Health Services & Insurance Commission

ANNUAL REPORT

For the year ending March 31, 1983

CONTENTS

Letters of Transmittal 5, 7

Introduction 9

Highlights 1982/83 10

General Information 11

Comparison of Expenditures 15

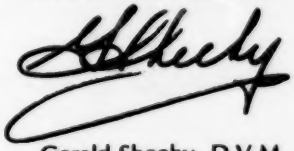
Statistical Section 16

To The Honourable Alan R. Abraham, C.D.
Lieutenant-Governor of the Province of Nova Scotia

Sir:

I have the honour to present the Annual Report of the Nova Scotia Health Services and Insurance Commission for the fiscal year ended March 31, 1983.

Your obedient servant,



Gerald Sheehy, D.V.M.
Minister of Health

To The Honourable Gerald Sheehy, D.V.M.
Minister of Health
Joseph Howe Building
Halifax, Nova Scotia

Sir:

I have the honour to present the Annual Report of the Nova Scotia Health Services and Insurance Commission for the fiscal year ended March 31, 1983.

Respectfully submitted,

Clemm E. Larsen
Chairman

INTRODUCTION

This is the tenth annual report of the Health Services and Insurance Commission to the Honourable Minister of Health and is made pursuant to Section 16(1) of the Health Services and Insurance Act.

Programs provided to residents which are the responsibility of the Commission are:

(a) physician services

(b) surgical-dental services in hospital

(c) vision analyses by optometrists

(d) drug program for residents 65 years of age and over

(e) dental services for children born on or after January 1, 1967 to age 16, or for students registered with the School for the Blind

(f) program for sufferers of cystic fibrosis

(g) dental program for patients with cleft lip/cleft palate

(h) drug program for those suffering from diabetes insipidus related to the pituitary gland

(i) program of drugs for cancer patients

(j) prosthetics services program

The Commission consisted of 12 members appointed by the Lieutenant Governor in Council. Ten regular meetings and one special meeting were held by the Commission during the year. Committees of the Commission met as required throughout the year.

Maritime Medical Care continues to carry out the day-to-day administration of the various programs.

The total number of claims processed under all programs was 6,696,000 — a 10.3 percent increase over the previous year.

Total payments increased by 24.0 percent to $166,345,603.

Detailed financial and statistical data relating to all programs will be found in the statistical section of this report.

HIGHLIGHTS 1982-83

1. Mr. Clemm E. Larsen was reappointed as Chairman of the Commission for a three-year term to expire August 31, 1985.

2. Professor R.G. Murray was appointed Vice-Chairman effective June 25, 1982.

3. Mr. G.S. Fairn and Mr. William MacDonald were reappointed as members of the Commission.

4. The medical tariff increased by 12 percent effective April 1, 1982, and by an additional 1½ percent effective August 1 and December 1, 1982, respectively.

5. The professional component of the Pharmacare tariff was increased to $5.00 effective July 1, 1982.

6. The dental tariffs under the Children's Dental Plan, Cleft Palate and Surgical-Dental programs increased by 11 percent effective April 1, 1982.

7. The optometric tariff was increased by 8.8 percent effective April 1, 1982.

8. Due to budgetary restraint program, modifications were made to the Children's Dental Program: after January 1, 1983, children are covered until the end of the month in which their 16th birthday occurs, and, effective November 1, 1982, coverage for orthodontic services was limited to space maintainers.

9. Inquiries into submission of irregular claims were held and one physician and two pharmacies were ordered not to practise under the plan for designated periods.

10. Investigations were held into abuses of the prescription drug program and the Pharmacare cards of two residents were restricted.

11. Detailed review of Commission's Committee structure completed and terms of reference and functions of various Committees revised and updated.

GENERAL INFORMATION

Legislation

The Health Services and Insurance Commission was established by Chapter 8 of the Statutes of Nova Scotia 1973, the Health Services and Insurance Act.

This Act repealed the Medical Care Insurance Act and the Hospital Insurance Act. The Health Services and Insurance Act was amended by Chapter 2 of the Statutes of 1977, at which time responsibility for the hospital program was deleted from the Commission's responsibility. The Commission continues to provide insurance coverage to Nova Scotia residents for a wide range of services provided by physicians, dentists, optometrists and pharmacists.

The Commission

The wide range of services provided to residents of Nova Scotia is administered by a Commission consisting of not fewer than 9, or more than 12, members responsible to the Minister of Health. For the year ending March 31, 1983, there were 12 members, including two physicians nominated by the Medical Society of Nova Scotia and two members nominated by the Association of Health Organizations.

Each Commissioner holds office for such term as is prescribed by his appointment, and is eligible for reappointment, but shall not hold office for a term or terms exceeding six consecutive years.

A number of changes occurred in the composition of the Commission during the year.

Mr. Clemm E. Larsen was reappointed as Chairman of the Commission for a three-year term commencing September 1, 1982.

Professor R. Graham Murray was appointed Vice-Chairman effective June 25, 1982, and expiring December 31, 1984.

Mr. George S. Fairn was reappointed for a further three-year term effective September 1, 1982.

Mr. William MacDonald was reappointed for a further three-year term effective September 1, 1982.

Admiral William Landymore resigned from the Commission on August 31, 1982.

Mr. William Fraser and Mr. Robert Thompson left the Commission upon expiry of their terms on January 31, 1983. Both Mr. Fraser and Mr. Thompson had served six consecutive years on the Commission.

Mr. D.H. Waller continued as Executive Secretary to the Commission and Mr. J.G. Hare, C.A., as Executive Director of the Commission.

Responsibilities of the Commission

The Commission has the function and the power to:

(a) establish a tariff or tariff fees or other system of payment for insured services and, with the approval of the Governor in Council, to authorize payments in respect thereof;

(b) consult with the various societies or associations before establishing or altering any tariff providing for payment of services rendered by the various providers;

(c) interpret tariffs and determine their application to the assessment of claims;

(d) conduct surveys and research in relation to services that are insured under the Act;

(e) perform such other functions as may be assigned to it from time to time by the Governor in Council or the Minister;

(f) do all other acts and things that the Commission considers necessary or advisable for the purpose of carrying out effectively the intent and purposes of this Act.

Funding

The funds to carry out the purposes and functions of the Commission are provided by appropriations from the Legislature, and all services are rendered without the payment of premiums or co-insurance charges imposed by the Commission or the Province, although some individual providers do charge patients over and above the amount paid by the Commission.

Administration

The Executive Director, Mr. J.G. Hare, is responsible to the Commission for the overall direction of the plan. Maritime Medical Care is responsible for the day-to-day administration and for the assessment of claims in respect of insured services in accordance with the tariffs established by the Commission. It is also responsible for paying claims in accordance with the Act and Regulations.

Tariff Development

Under the Act, the Commission has the power and the responsibility to establish a tariff or tariff fees, or other system of payment for insured services. In carrying out this function, it meets with the various societies and/or associations before establishing such tariffs or other method of payment, and then requests approval of the Governor in Council to make payments in respect thereof.

Tariff increases effective during 1982-83 were:

(1) medical tariff — 13½ percent: 12 percent effective April 1, 1982, and 1½ percent effective August 1 plus 1½ percent effective December 1, 1982;

(2) professional component of pharmacy tariff increased to $5.00, effective July 1, 1982;

(3) children's dental plan, cleft palate program and surgical-dental tariffs increased 11 percent April 1, 1982;

(4) optometric tariff — increased by 8.8 percent effective April 1, 1982, the second year of a three-year agreement.

Registration

Registration of beneficiaries is carried out by Maritime Medical Care, which is reimbursed by the Province for such services as are performed on its behalf.

Eligibility for Benefits

Eligibility for benefits for residents does not depend upon prior registration. No premiums are required. Eligibility, generally speaking, is based on the family concept, and all unmarried dependents under the age of 18 are registered on the family's registration certificate. Per-

sons 18 years of age are issued with a separate registration card at the start of the month following the month in which they reach their eighteenth birthday.

Newcomers to Nova Scotia are required fo register with Maritime Medical Care.

Generally speaking, residents of other provinces moving to Nova Scotia are provided with coverage on the first day of the third month following the month they move to Nova Scotia. Immediate coverage is available for certain special residents on arrival in Nova Scotia. Such special residents would include a landed immigrant, a discharged member of the Canadian Armed Forces, and returning Canadians (from abroad).

Method of Payment

The majority of payments are made directly to the provider by the Commission on behalf of the individual, although provision has been made for direct payment to the patient if the provider does not have opted-in status with the Commission. In such instances, payments may be made directly to the patient. This, generally, is the case for services rendered outside Canada or elsewhere within Canada. Provision has been made by the Commission to permit the patient to assign the account to the provider concerned.

Payments made directly by the Commission to the provider will be in accordance with the tariffs established by the Commission, and there may be a difference with the amount charged by the provider. Although the level of payment will vary according to the amount charged by the practitioner, the coverage provided on an out-of-Canada basis for physicians is based on 85 percent of the comparative fee in Nova Scotia, plus 75 percent of the balance.

No payments are made with respect to services provided at the request of a third party, or for services deemed unnecessary.

Third Party Recoveries

The Commission attempts to recover amounts paid for medical services rendered as a result of the wrongful act of third parties. This function is carried out on behalf of the Commission by the Departmental Solicitor and the Casualty Claims Examiner, Miss K. Delaney, of the Department of Health, with the assistance of other staff members.

During the fiscal year 1982-83, $130,678.11 in respect to medical services payments was recovered from third parties.

COMPARISON OF EXPENDITURES
For The Years Ended March 31, 1982 and 1983[1]

	March 31 1982	March 31 1983
Payment of Insured Services		
Medical	$104,121,893.00	$124,884,911.00
Pharmacy	21,135,070.00	26,505,260.00
Children's Dental	8,532,038.00	10,177,610.00
Optometric	1,421,087.00	1,728,371.00
Cystic Fibrosis	148,102.00	281,844.00
Cleft Palate[2]	158,328.00	203,630.00
Other[3]	265,778.00	367,750.00
Total	$135,782,296.00	$164,149,376.00
Administration		
M.M.C.	$ 4,852,208.00	$ 5,406,709.00
Other	281,642.00	245,860.00
Total	$ 5,133,850.00	$ 5,652,569.00
Grand Total	$140,916,146.00	$169,801,945.00

[1]Figures may differ from statistical tables, due to accruals.

[2]Includes Cleft Lip, Cleft Palate

[3]Prosthetic Services —$326,376.00
Diabetes Insipidus —$ 41,374.00

STATISTICAL TABLES

General

Table 1 M.S.I. Payments Summary 18

Table 2 Five-Year Comparison of Selected M.S.I. Statistics and Annual Percentage Increases 19

Figure 1 Distribution of M.S.I. Payments 20

Physicians' Services

Table 3 Payment and Utilization Summary .....

Table 4 Total M.S.I. Payments for Physicians' Services and Expenditure per Insured Person — Twelve-Year Comparison 22

Table 5 M.S.I. Fee-For-Service Payments — Number of Physicians by Specialty and Payment Range 23

Table 6 Fee-For-Service Payments — Amount Paid by Type of Service 25

Table 7 Fee-For-Service Payments — Services and Amount Paid per 1,000 Insured Persons 26

Table 8 Billing Above Tariff by County, General Practitioners and Specialists 27

Dental Services

Table 9 Payment and Utilization Summary 30

Table 9A Payment/Utilization Summary (Special Dental Programs) 31

Table 10 Children's Dental Plan — Amount Paid and Expenditure per 1,000 Insured Persons 32

Table 11 Children's Dental Plan — Utilization Rates and Expenditure per Beneficiary 33

Table 12 Children's Dental Plan — Summary of Services by Age and Type of Service 34

Table 13 Children's Dental Plan — Summary of Amounts Paid by Age and Type of Service 36

Table 14 Payments to Dentists by Payment Range .....

Table 15 Billing Above Tariff by County 39

Optometric Services

Table 16 Payment and Utilization Summary 40

Table 17 Payments to Optometrists by Payment Range 41

Table 18 Billing Above Tariff by Region 42

Pharmacare Services

Table 19 Payment and Utilization Summary 43

Table 20 Pharmacare Drug Classification Summary 44

Cystic Fibrosis and Diabetes Insipidus

Table 21 Payment and Utilization Summary 46

TABLE 1

MSI Payments Summary
12 Months Ending March 31, 1983

	1981-82	1982-83	Percentage Change
Physicians' Services			
Fee-For-Service Payments	$ 97,558,567	$120,760,890[1]	23.8
Salaried & Sessional Payments	4,321,231	4,749,439	9.9
Total Payments for Physicians' Services	$101,879,798	$125,510,329	23.2
Dentists' Services			
Insured Dental Surgical Services	$ 1,189,970	$ 1,408,524	18.4
Children's Dental Plan	8,332,823	10,311,166	23.7
Cleft Palate & Special Programs	168,058	219,411	30.6
Total Dental Payments	$ 9,690,851	$ 11,939,131	23.2
Optometric Services			
Optometric Plan	$ 1,396,144	$ 1,744,594	25.0
Prescription Drugs			
MSI Pharmacare	$ 20,813,544	$26,540,955	27.5
Cystic Fibrosis & Diabetes Insipidus	177,414	307,218	73.2
Prosthetic Services	$ 242,079	$ 303,376	25.3
TOTAL MSI PAYMENTS	$134,199,830	$166,345,603	24.0
Administrative Expense, Maritime Medical Care Incorporated	$ 4,852,208	$ 5,406,709	11.4
Administrative Expense, As A Percent of Total Payments	3.6%	3.3%	
TOTAL	$139,052,038	$171,752,312	23.5

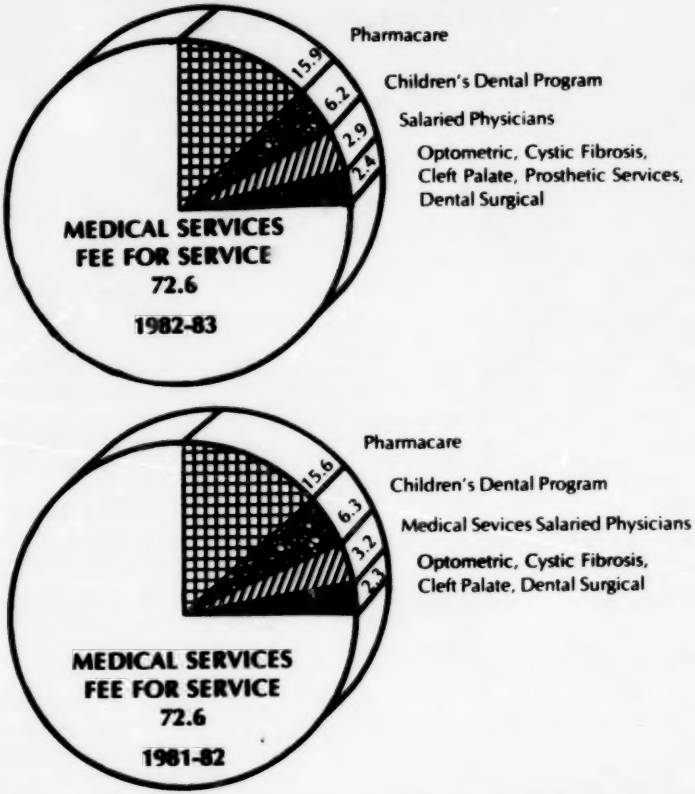
[1]Of the amount shown above for physicians' services $558,064 for out-of-province hospital out-patient and diagnostic services was transferred to the Department of Health in 1982-83.

TABLE 2

Five-Year Comparison of Selected MSI Statistics And Annual Percentage Changes

	1978-79	1979-80	1980-81	1981-82	1982-83
Insured Population	824,000 0.7%	827,000 0.6%	831,000 0.7%	834,000 0.4%	838,000 0.5%
Physicians Paid	1,266 1.9%	1,307 3.2%	1,320 2.0%	1,386 5.0%	1,430 3.2%
Dentists Paid	256 4.9%	275 7.4%	286 4.0%	288 0.7%	304 5.6%
Optometrists Paid	41	43	44	45	50
Pharmacies Paid	190 2.2%	197 3.7%	203 3.0%	202 -0.5%	210 4.0%
TOTAL MSI PAYMENTS	$89,511,273 11.7%	$100,636,860 12.4%	$114,352,972 13.6%	$134,199,830 17.4%	$166,345,603 24.0%
Payments Per Insured Person	$108.63 11.1%	$121.69 12.0%	$137.61 13.1%	$160.91 16.9%	$198.50 23.4%
Claims Processed	5,542,704 4.4%	5,758,186 3.9%	5,962,000 3.6%	6,069,000 1.8%	6,696,000 10.3%
Administrative Expense	$ 3,467,444 -2.5%	$ 3,856,132 11.2%	$ 4,298,748 11.5%	$ 4,852,208 12.9%	$ 5,406,709 11.4%
Maritime Medical Care Administrative Expense as Percent of Total MSI Payments	3.9	3.8	3.8	3.6	3.3
Total Number of Maritime Medical Care Employees (March 31)	235 --	237 0.9%	235 -0.8%	244 3.8%	232 -4.9%

Figure 1
Distribution of M.S.I. Payments



	1981-82	1982-83
Medical Services —Fee for Service	72.6	72.6
—Salaried Physicians	3.2	2.9
Dental Services —Children's Dental Program	6.3	6.2
—Dental Surgical	0.9	0.9
Optometric	1.0	1.0
Pharmacare	15.6	15.9
Cystic Fibrosis	0.1	0.2
Cleft Palate & Special Program	0.3	0.3
	100.0	100.0

TABLE 3

Physicians' Services
Payment and Utilization Summary
Fiscal 1982-83 Compared With Fiscal 1981-82

	1981-82	1982-83[1]	Percentage Change
Payment Summary			
Fee-For-Service Payments For Physicians' Services Rendered In Nova Scotia	$ 96,057,422	$118,961,450	23.8
Physicians' Services Rendered Outside Nova Scotia	1,501,145	1,799,440	19.9
Total Fee-For-Service Payments	$ 97,558,567	$120,760,890	23.8
Salaried Physicians	4,321,231	4,749,439	9.9
Total Payments for Physicians' Services	$101,879,798	$125,510,329	23.2
Utilization Summary			
Persons Insured	834,000	838,000	0.5
Persons Receiving Insured Services (Beneficiaries)	726,014	739,200	1.8
Percent of Persons Insured	87.1	88.2	
Services Rendered	5,565,010	6,005,572	7.9
Services Per Insured[2]	6.67	7.17	7.5
Expenditure Per Insured[3]	$122.16	$149.77	22.6
Services Per Beneficiary[2]	7.67	8.12	5.9
Expenditure Per Beneficiary[3]	$140.33	$169.79	21.0

[1]Of the total for physicians' services $558,064 for out-of-province out-patient and diagnostic services was charged to the Department of Health in 1982-83.

[2]Excludes services performed by physicians under salary arrangement.

[3]Includes payments for salaried physicians' services.

TABLE 4

Physicians' Services

Total MSI Payments for Physicians' Services[1] And Expenditure Per Insured Person — 1970-71 to 1982-83

	Total Paid	Expenditure Per Insured Person	Percentage Change From Previous Year
1970-71	$ 30,190,518	$ 39.16	-
1971-72	32,778,568	42.13	7.4
1972-73	35,975,822	45.82	9.1
1973-74	38,571,411	48.58	5.5
1974-75	44,851,793	55.93	15.0
1975-76	55,348,064	68.25	22.0
1976-77	61,107,308	74.79	9.6
1977-78	65,051,135	79.33	6.1
1978-79	71,091,416	86.28	8.8
1979-80	78,558,897	94.99	10.1
1980-81	88,133,112	106.06	11.7
1981-82	101,879,798	122.16	15.2
1982-83	125,510,329	149.77	22.6

[1]Includes payments to hospitals and institutions with respect to insured services performed by salaried physicians, as well as fee-for-service payments.

TABLE 5

Physicians' Services

MSI Fee-For-Services Payments
Number of Physicians by Specialty and Payment Range[1]
(1981-82 Compared With 1982-83)

	Under $20,000		$20,000 -39,999		$40,000 -59,999		$60,000 -79,999	
	1982[2]	1983[2]	1982	1983	1982	1983	1982	1983
Anaesthesia	7	9	1	2	5	7	9	5
Dermatology	-	1	-	-	1	1	-	1
General Practice	167	170	73	78	106	69	111	78
General Surgery	10	13	6	6	6	6	4	4
Internal Medicine	31	29	14	18	16	16	11	6
Neurology	2	-	1	2	3	-	1	4
Neurosurgery	-	-	-	-	1	-	-	-
Obstetrics & Gynaecology	4	1	1	1	2	1	8	7
Ophthalmology	3	1	-	1	3	3	1	1
Ophthalmology & Otolaryngology	2	1	-	-	-	1	2	1
Otolaryngology	2	1	1	-	1	-	2	1
Orthopaedic Surgery	1	1	-	-	-	-	2	1
Paediatrics	14	21	7	3	6	6	4	6
Plastic Surgery	1	1	-	-	-	-	-	-
Psychiatry	18	22	12	10	9	10	10	9
Radiology	53	54	4	3	3	5	1	2
Urology	-	1	-	-	1	2	2	-
Other Specialties[3]	12	10	-	1	2	-	-	1
TOTAL	353	336	120	125	165	127	168	127

[1]This table provides data on MSI fee-for-service payments to Nova Scotia physicians. Payments for services performed by physicians at institutions on a salaried or sessional basis are not included.

[2]1982 refers to the fiscal year ending March 31, 1982 and 1983 refers to the fiscal year ending March 31, 1983.

[3]Includes Physical Medicine (5), Pathology (9) and Public Health (1).

TABLE 5 (Continued)

Physicians' Services

MSI Fee-For-Services Payments
Number of Physicians by Specialty and Payment Range[1]
(1981-82 Compared With 1982-83)

	$80,000 -99,999		$100,000 -119,999		$120,000 -139,999		Over $140,000		Total	
	1982	1983	1982	1983	1982	1983	1982	1983	1982	1983
Anaesthesia	14	7	9	12	3	9	1	6	49	57
Dermatology	5	2	1	-	-	1	-	2	7	8
General Practice	118	98	86	107	42	73	50	106	773	779
General Surgery	10	10	15	11	10	8	33	46	100	104
Internal Medicine	9	11	9	8	3	6	12	20	105	114
Neurology	1	1	1	-	-	1	2	2	11	10
Neurosurgery	-	-	1	-	2	1	1	4	5	5
Obstetrics & Gynaecology	3	5	6	3	8	6	7	16	39	40
Ophthalmology	1	-	4	3	4	1	11	19	27	29
Ophthalmology & Otolaryngology	-	-	2	2	-	-	-	-	6	5
Otolaryngology	3	3	2	3	-	2	9	9	20	19
Orthopaedic Surgery	-	-	1	1	1	2	8	9	13	14
Paediatrics	6	3	4	4	1	3	1	4	43	50
Plastic Surgery	-	-	-	-	-	-	4	5	5	6
Psychiatry	4	7	6	5	1	2	2	5	62	70
Radiology	-	-	-	-	1	-	-	1	62	65
Urology	4	1	-	2	4	2	5	9	16	17
Other Specialties	1	-	-	-	-	1	2	2	17	15
TOTAL	179	148	147	161	80	118	148	265	1,360	1,407

TABLE 6

Physicians' Services

Fee-For-Service Payments — Amount Paid by Type of Service

	12 Months Ended March 31, 1982		12 Months Ended March 31, 1983		% Change
	Amount Paid	% Of Total	Amount Paid	% Of Total	Amount Paid
Consultations	$11,069,410*	11.3	$ 14,492,876	12.0	30.9
Office Visits	29,755,140	30.5	37,063,208	30.7	24.6
Home Visits	3,787,720	3.9	4,313,097	3.6	13.9
Hospital Visits	6,948,992	7.1	8,225,430	6.8	18.4
Emergency & Out-Patient Dept. Visits	5,578,863	5.7	6,813,332	5.6	22.1
Intensive Care	826,253	0.8	1,057,717	0.9	28.0
Psychiatric Services	4,258,368	4.4	5,296,937	4.4	24.4
Sub-Total	$62,224,746	63.7	$ 77,262,597	64.0	24.2
Eye Examinations	2,027,233	2.1	2,254,520	1.9	11.2
Other Diag. & Ther.	5,861,752	6.0	7,582,091	6.3	29.3
Sub-Total	$ 7,888,985	8.1	$ 9,836,611	8.2	24.7
Deliveries	1,615,506	1.7	1,889,315	1.6	16.9
Obstetrical Care	2,139,363	2.2	2,529,333	2.1	18.2
Sub-Total	$ 3,754,869	3.9	$ 4,418,648	3.7	17.7
Major Surgery	11,248,195	11.5	14,028,769	11.6	24.7
Minor Surgery	3,612,798	3.7	4,244,948	3.5	17.5
Surgical Assist	1,120,931	1.2	1,381,026	1.1	23.2
Anaesthesia[1]	5,462,130*	5.6	6,808,291	5.6	24.6
Sub-Total	$21,444,054	22.0	$ 26,463,034	21.8	23.4
All Other Services[2]	2,245,567	2.3	2,780,000	2.3	23.8
TOTAL	$97,558,567	100.0	$120,760,890	100.0	23.8

[1]Includes dental anaesthesia services: 1981-82 = $221,586; 1982-83 = $289,224

[2]i.e., amounts paid for out-of-province services, independent consideration, detention fees and group immunization.

*Revised data — in previous years consultations by anaesthetists were included in the category "Anaesthesia".

TABLE 7

Physicians' Services

Fee-For-Service Payments
Services and Amount Paid Per 1,000 Insured Persons[1]

	Number of Services Per 1,000 Insured 12 Months Ended March 31		Amount Paid Per 1,000 Insured 12 Months Ended March 31	
	1982	1983	1982	1983
Consultations	301*	350	$ 13,273	$ 17,295
Office Visits	3,227	3,453	35,678	44,228
Home Visits	248	254	4,541	5,147
Hospital Visits	1,061	1,120	8,332	9,816
Emergency & Out-Patient Dept. Visits	497	546	6,689	8,130
Intensive Care	38	43	991	1,262
Psychiatric Services	138	156	5,106	6,321
Sub-Total	5,510	5,922	$ 74,610	$ 92,199
Eye Examinations	102	103	2,431	2,690
Other Diag. & Ther.	435	474	7,028	9,048
Sub-Total	538	577	$ 9,459	$ 11,738
Deliveries	16	17	1,937	2,255
Obstetrical Care	158	168	2,566	3,018
Sub-Total	174	185	$ 4,503	$ 5,273
Major Surgery	69	78	13,487	16,741
Minor Surgery	146	156	4,332	5,065
Surgical Assist	23	25	1,344	1,648
Anaesthesia[2]	100*	114	6,549	8,124
Sub-Total	338	373	$ 25,712	$ 31,578
All Other Services[2]	113	109	2,693	3,317
TOTAL	6,673	7,166	$116,977	$144,105

[1]Estimates of insured population as of October 1 are shown below:
Total Insured Population — 1981-82 = 834,000; 1982-83 = 838,000

[2]See notes 1 and 2 on Tables 6 and 11.

*Revised data — see footnote to Table 6.

TABLE 8

Physicians' Services

Billing Above Tariff By County
General Practitioners and Specialists

Type of Physician by County	12 Months Ended March 31, 1982 Physicians	Amount Reported	12 Months Ended March 31, 1983 Physicians	Amount Reported	Percentage[1] Change
ANNAPOLIS					
General Practitioners	11	$ 68,977	11	$ 68,977	
Specialists	3	7,690	3	7,690	
TOTAL	14	75,412[2]	14	76,667	1.7
ANTIGONISH					
General Practitioners	3	438	7	376	-
Specialists	3	6	4	1,305	-
TOTAL	6	444	11	1,681	-
CAPE BRETON COUNTY					
General Practitioners	20	133	26	3,073	-
Specialists	5	4,310	7	4,873	13.1
TOTAL	25	4,443	33	7,946	78.8
CITY OF SYDNEY					
General Practitioners	18	37,344	20	36,810	-1.4
Specialists	18	107,713	22	102,242	-5.1
TOTAL	36	145,057	42	139,052	-4.1
COLCHESTER					
General Practitioners	17	47,515	18	45,611	-4.0
Specialists	5	10,098	5	5,008	-50.4
TOTAL	22	57,613	23	50,619	-12.1
CUMBERLAND					
General Practitioners	22	70,635	22	79,443	12.5
Specialists	4	31,604	4	34,468	9.1
TOTAL	26	102,239	26	113,911	11.4
DIGBY					
General Practitioners & Specialists	18	60,321[2]	19	66,328[2]	10.0

[1]Percentage changes are not shown where amount reported in the 12 months ending March 31, 1982 was less than $500.

[2]The distribution of billing above tariff by specialty has not been shown where fewer than 3 physicians billed substantial amounts.

TABLE 8 (Continued)

Type of Physician by County	12 Months Ended March 31, 1982 Physicians	12 Months Ended March 31, 1982 Amount Reported	12 Months Ended March 31, 1983 Physicians	12 Months Ended March 31, 1983 Amount Reported	Percentage[1] Change
GUYSBOROUGH					
General Practitioners	7	11,795	8	20,766	76.1
Specialists	-	-	-	-	-
TOTAL	7	11,795	8	20,766	76.1
HALIFAX COUNTY (Excludes Halifax-Dartmouth)					
General Practitioners & Specialists	28	103,137[2]	31	122,663[2]	18.9
HALIFAX-DARTMOUTH					
General Practitioners	170	$ 734,438	178	$ 895,880	22.0
Specialists	174	905,528	191	983,746	8.6
TOTAL	344	1,639,966	369	1,879,626	14.6
HANTS					
General Practitioners			23	57,502	
Specialists			3	16,448	
TOTAL	19	66,210[2]	26	73,950	11.7
INVERNESS					
General Practitioners & Specialists	10	51,427[2]	10	42,174[2]	-18.0
KINGS					
General Practitioners	41	153,435	42	160,688	4.7
Specialists	17	126,837	17	132,438	4.4
TOTAL	58	280,272	59	293,126	4.6
LUNENBURG					
General Practitioners	37	278,962	38	329,491	18.1
Specialists	11	71,417	9	82,907	16.1
TOTAL	48	350,379	47	412,398	17.7
PICTOU					
General Practitioners	22	61,233	21	43,210	-29.4
Specialists	4	4,965	3	4,091	-17.6
TOTAL	26	66,198	24	47,301	-28.5
QUEENS					
General Practitioners & Specialists	8	41,280[2]	8	48,846[2]	18.3

[1]Percentage changes are not shown where amount reported in the 12 months ending March 31, 1982 was less than $500.

[2]The distribution of billing above tariff by specialty has not been shown where fewer than 3 physicians billed substantial amounts.

TABLE 8 (Continued)

Specialty of Physician by County	12 Months Ended March 31, 1982 Physicians	Amount Reported	12 Months Ended March 31, 1983 Physicians	Amount Reported	Percentage[1] Change
RICHMOND					
General Practitioners	1	1	3	13	-
Specialists	-	-	-	-	-
TOTAL	1	1	3	13	-
SHELBURNE					
General Practitioners	12	19,527	8	23,167	18.6
Specialists	-	-	-	-	-
TOTAL	12	19,527	8	23,167	18.6
VICTORIA					
General Practitioners			5	6,226	
Specialists			-	-	
TOTAL	3	8,835[2]	5	6,226	-29.5
YARMOUTH					
General Practitioners	18	$ 36,075	12	$37,968	5.2
Specialists	8	9,174	9	10,224	11.4
TOTAL	26	45,249	21	48,192	6.5
GENERAL PRACTICE TOTAL	477	$1,818,143	503	$2,071,210	13.9
Percent of Amount Paid		3.6		3.4	
SPECIALIST TOTAL	260	$1,311,662	284	$1,403,442	7.0
Percent of Amount Paid		2.9		2.4	
NOVA SCOTIA PHYSICIANS	737	$3,129,805	787	$3,474,652	11.0
Percent of Amount Paid		3.3		2.9	

TABLE 9

M.S.I. Dental Plans

Payment and Utilization Summary

PAYMENT SUMMARY

	1981-82	1982-83
Children's Dental & Dental Surgical[1]		
—Services in Nova Scotia	$9,513,782	$11,708,439
—Services Outside Nova Scotia	9,011	11,251
TOTAL	$9,522,793	$11,719,690
Special Dental Programs[2]	168,058	219,441
TOTAL DENTAL PAYMENTS	$9,690,851	$11,939,131

UTILIZATION SUMMARY

	Dental Surgical		Children's Dental	
	1981-82	1982-83	1981-82	1982-83
—Services Rendered	21,355	22,569	446,531	504,392
—Amount Paid[3]	$1,189,970	$1,408,524	$8,332,823	$10,311,166
—Persons Insured	834,000	838,000	194,900	207,200
—Persons Receiving Insured Services (Beneficiaries)	7,678	7,744	101,408	114,376
—Percent of Persons Insured	0.9%	0.9%	52.0%	55.2%
—Services Per 1,000 Insured	26	27	2,291	2,434
—Paid Per 1,000 Insured	$1,427	$1,681	$42,754	$49,764
—Services/1,000 Beneficiaries	2,781	2,914	4,403	4,413
—Paid Per 1,000 Beneficiaries	$154,984	$181,886	$82,171	$90,211

[1]The Children's Dental Plan covers all children born since January 1, 1967.

[2]Special Dental Programs include persons who have a cleft palate; in-hospital services to persons who are severely mentally retarded; and children at the Halifax School For The Blind born prior to 1967. Amounts paid were:

	1981-82	1982-83
Cleft Palate	$155,945	$202,169
Mental Retardation	11,435	16,652
School For The Blind	620	678

Additional information on the Cleft Palate Plan is reported in Tables 15 to 19.

[3]Due to methods of processing data, amounts shown may vary slightly from accounting totals.

TABLE 9A

Special Dental Programs

Payment and Utilization Summary

April 1, 1982 to March 31, 1983

	Number of Beneficiaries	Number of Services	Amount Paid
Cleft Palate	397	2,707	$202,169
Mentally Retarded	80	597	16,652
Halifax School For The Blind[1]	6	29	620

[1]Sir Frederick Fraser School.

TABLE 10

MSI Children's Dental Plan

Amount Paid and Expenditure Per 1,000 Insured Persons 1981-82 and 1982-83

Age	Amount Paid 1981-82	Amount Paid 1982-83	Expenditure Per 1,000 Insured Persons[1] 1981-82	Expenditure Per 1,000 Insured Persons[1] 1982-83	% Change
Less Than 1	$ 880	$ 1,020	$ 75	$ 83	10.7%
1	9,334	9,128	765	761	-0.5
2	64,391	71,290	5,235	5,796	10.7
3	272,659	297,439	22,167	24,182	9.1
4	463,988	485,617	38,346	39,481	3.0
5	583,609	651,285	45,953	53,384	16.2
6	685,693	740,174	53,154	58,281	9.6
7	825,394	932,238	64,484	72,267	12.1
8	897,478	947,114	66,480	73,993	11.3
9	857,964	962,628	62,171	71,306	14.7
10	844,509	892,274	57,843	65,129	12.6
11	781,382	935,932	54,263	64,105	18.1
12	768,917	899,072	55,318	62,436	12.9
13	768,232	886,935	54,874	63,808	16.3
14	490,561	886,530	44,596	63,324	42.0
15	17,832	693,987	29,720	63,090	-
16	--	18,503	--	61,677	-
TOTAL	$8,332,823	$10,311,166	$42,754	$49,764	16.4%

[1]Insured population in 1982 is shown in Table 4. Data for the highest age group does not represent a full year's experience (e.g., children born January to March, 1967, reached the age of 16 during the last 3 months of the 1982-83 fiscal year. Coverage for 16-year-olds terminates at the end of the month during which they reach age 16.

TABLE 11

MSI Children's Dental Plan

Utilization Rates and Expenditure Per Beneficiary
April 1, 1982 to March 31, 1983

Age	Insured[1]	Beneficiaries[2]	Utilization Rate	Expenditure Per Beneficiary
Less Than 1	12,300	34	0.3	$30.00
1	12,000	278	2.3	32.83
2	12,300	1,631	13.3	43.71
3	12,300	5,603	45.6	53.09
4	12,300	7,250	58.9	66.98
5	12,200	8,405	68.9	77.49
6	12,700	8,937	70.4	82.82
7	12,900	9,407	72.9	99.10
8	12,800	9,391	73.4	100.85
9	13,500	9,787	72.5	98.36
10	13,700	9,768	71.3	91.35
11	14,600	10,259	70.3	91.23
12	14,400	9,583	66.5	93.82
13	13,900	9,221	66.3	96.19
14	14,000	9,085	64.9	97.58
15	11,000	5,699	51.8	121.77
16	300	38	12.7	--
TOTAL	207,200	114,376	55.2	$90.15
Ages 3 to 16	170,600	112,433	65.9	$90.99

[1]Insured population in age groups 0 - 14 is the estimated population as of December, 1982. For age group 15 and 16 the average number of insured persons during the year has been calculated. Data for the highest age group do not represent a full year's experience, however, as these children would have been 16 for only 1 to 3 months of the fiscal year. Population estimates were derived from Family Allowance Data.

[2]Children who received services before and after a birthday are counted as of the youngest age. Consequently, while 38 children received services only after reaching age 16, there were at least 100 more who received services both before and after their sixteenth birthday. Expenditure for age 16 includes all these services.

TABLE 12

Children's Dental Plan

Summary of Services by Age and Type of Service

(A) Total Services April 1, 1982 to March 31, 1983[1]

Age	Diagnostic	Preventive	Preventive Orthodontics	Restorative	Oral Surgery	Endodontics[2]	Total
Less Than 1	38	3	-	11	3	-	55
1	302	37	1	79	27	13	459
2	1,715	749	15	736	91	112	3,418
3	6,329	3,744	69	4,549	271	427	15,389
4	9,476	5,534	130	9,681	544	804	26,169
5	11,883	6,429	291	13,304	1,502	1,250	34,659
6	13,208	6,841	541	14,445	2,915	1,045	38,995
7	14,436	7,275	1,033	17,462	4,234	1,055	45,495
8	14,550	7,268	1,149	16,775	4,343	771	44,856
9	15,326	7,651	1,250	15,241	4,687	613	44,768
10	15,465	7,557	1,106	12,812	4,799	386	42,125
11	16,201	7,906	1,029	13,460	4,622	303	43,521
12	15,170	7,386	783	14,645	3,559	302	41,845
13	14,335	6,916	568	16,677	2,304	359	41,159
14	13,628	6,610	384	17,814	1,783	395	40,614
15	10,077	4,844	166	14,769	1,196	361	31,413
16	97	61	-	416	15	13	602
TOTAL	172,236	86,811	8,515	182,876	36,895	8,209	495,542

[1]Lab fees are not counted as services in this table.

[2]Endodontics includes periodontics and prosthetics in this table.

TABLE 12 (Continued)

(B) Percentage Distribution

Age	Diagnostic	Preventive	Preventive Orthodontics	Restorative	Oral Surgery	Endodontics	Total
Less Than 1	-%	-%	-%	-%	-%	-%	-%
1	0.2	-	-	-	0.1	0.2	0.1
2	1.0	0.9	0.2	0.4	0.2	1.4	0.7
3	3.7	4.3	0.8	2.5	0.7	5.2	3.1
4	5.5	6.4	1.5	5.3	1.5	9.8	5.3
5	6.9	7.4	3.4	7.3	4.1	15.2	7.0
6	7.7	7.9	6.4	7.9	7.9	12.7	7.9
7	8.4	8.4	12.1	9.5	11.5	12.9	9.2
8	8.4	8.4	13.5	9.2	11.8	9.4	9.1
9	8.9	8.8	14.7	8.3	12.7	7.5	9.0
10	9.0	8.7	13.0	7.0	13.0	4.7	8.5
11	9.4	9.1	12.1	7.4	12.5	3.7	8.8
12	8.8	8.5	9.2	8.0	9.6	3.7	8.4
13	8.3	8.0	6.7	9.1	6.2	4.4	8.3
14	7.9	7.6	4.5	9.7	4.8	4.8	8.2
15	5.9	5.6	1.9	8.1	3.2	4.4	6.3
16	0.1	0.1	-	0.2	-	0.2	0.1
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

TABLE 13

Children's Dental Plan

Summary of Amounts Paid by Age and Type of Service

(A) Amounts Paid April 1, 1982 to March 31, 1983[1]

Age	Diagnostic	Preventive	Preventive Orthodontics	Restorative	Oral Surgery	Endodontics[2]	Total
Less Than 1	$ 575	$ 51	$ -	$ 237	$ 157	$ -	$ 1,020
1	5,023	614	36	2,432	603	420	9,128
2	31,011	12,627	1,782	20,498	2,205	3,168	71,291
3	104,462	63,215	8,335	103,549	6,013	11,864	297,438
4	129,030	93,805	15,695	213,684	11,659	21,744	485,617
5	147,697	109,146	30,754	300,320	31,481	31,887	651,285
6	158,622	116,256	53,117	325,646	60,779	25,754	740,174
7	172,921	123,718	115,141	405,239	87,982	27,237	932,238
8	173,155	123,465	138,154	398,223	90,111	24,005	947,113
9	181,918	130,017	161,614	366,978	96,592	25,509	962,628
10	184,132	128,493	143,284	315,229	98,514	22,622	892,274
11	193,775	134,323	148,142	335,054	94,984	29,656	935,934
12	181,538	125,471	121,509	365,369	71,880	33,304	899,071
13	170,468	117,371	94,337	411,615	46,878	46,266	886,935
14	160,417	111,917	70,333	449,681	37,298	56,884	886,530
15	117,733	82,341	28,527	390,480	26,646	48,260	693,987
16	1,105	1,029	-	14,228	329	1,812	18,503
TOTAL	$2,113,582	$1,473,859	$1,130,760	$4,418,462	$764,111	$410,392	$10,311,166

[1]Lab fees are shown by type of service in this table. They are shown separately in Table 5.

[2]Endodontics includes periodontics and prosthetics in this table.

TABLE 13 (Continued)

(B) Percentage Distribution

Age	Diagnostic	Preventive	Preventive Orthodontics	Restorative	Oral Surgery	Endodontics	Total
Less Than 1	-%	-%	-%	-%	-%	-%	-%
1	0.2	-	-	0.1	0.1	0.1	0.1
2	1.5	0.9	0.2	0.5	0.3	0.8	0.7
3	4.9	4.3	0.7	2.3	0.8	2.9	2.9
4	6.1	6.4	1.4	4.8	1.5	5.3	4.7
5	7.0	7.4	2.7	6.8	4.1	7.8	6.3
6	7.5	7.9	4.7	7.4	8.0	6.3	7.2
7	8.2	8.4	10.2	9.2	11.5	6.6	9.0
8	8.2	8.4	12.2	9.0	11.8	5.8	9.2
9	8.6	8.8	14.3	8.3	12.6	6.2	9.3
10	8.7	8.7	12.7	7.1	12.9	5.5	8.7
11	9.2	9.1	13.1	7.6	12.4	7.2	9.1
12	8.6	8.5	10.7	8.3	9.4	8.1	8.7
13	8.1	8.0	8.3	9.3	6.1	11.3	8.6
14	7.6	7.6	6.2	10.2	4.9	13.9	8.6
15	5.6	5.6	2.5	8.8	3.5	11.8	6.7
16	0.1	0.1	-	0.3	-	0.4	0.2
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

TABLE 14

MSI Dental Plans

Payments to Dentists, by Payment Range

1981-82 and 1982-83

	Less Than $5,000		$5,000 -9,999		$10,000 -14,999		$15,000 -$19,999		$20,000 -29,999		$30,000 -39,999		$40,000 -49,999		$50,000 -99,999		$100,000 And Over		Total	
	82	83	82	83	82	83	82	83	82	83	82	83	82	83	82	83	82	83	82	83
Children's Dental																				
General Practitioners	42	39	24	25	28	16	29	36	26	25	34	27	26	24	42	66	3	9	254	267
Specialists	17	18	2	2	1	1	1	4	4	4	3	1	2	1	2	3	2	2	34	36
TOTAL	59	57	26	27	29	17	30	40	30	29	37	28	28	25	44	69	5	11	288	303
Dental-Surgical																				
General Practitioners	33	31	4	6	1	2	-	1	-	-	-	-	-	-	-	-	-	-	38	40
Specialists	4	4	-	-	-	-	-	-	-	-	-	-	-	1	-	-	7	7	11	12
TOTAL	37	35	4	6	1	2	-	1	-	-	-	-	-	1	-	-	7	7	49	52

TABLE 15

MSI Dental Plans

Dentists' Billing Above Tariff by County[1]

County[2]	Fiscal 1981-82 Dentists[3]	Billed Above Tariff	Fiscal 1982-83 Dentists[3]	Billed Above Tariff
Annapolis	1	$ 4	3	$ 93
Antigonish	5	11,403	5	13,070
Cape Breton	8	5,618	10	18,186
Colchester	9	25,273	9	36,243
Cumberland	4	5,262	3	7,116
Halifax	57	198,840	64	218,462
Hants	2	3,606	2	1,438
Inverness	-	--	2	6,413
Kings	9	22,932	11	24,668
Lunenburg	11	38,908	11	51,033
Pictou	8	34,673	9	35,949
Queen	1	2	-	--
Richmond & Victoria[4]	2	7,100	-	- 9
Yarmouth & Shelburne[4]	2	220	-	--
TOTAL	119	$353,841	129	$412,662

[1]Includes Children's Dental Plan and Dental Surgical Plan.

[2]No billing above tariff was reported in counties that are not shown.

[3]Dentists who billed above tariff.

[4]Certain counties were combined to preserve confidentiality.

TABLE 16

Optometric Services

Payment and Utilization Summary

	1981-82	1982-83	Percentage Change
PAYMENT SUMMARY			
—Payment to Optometrists in Nova Scotia	$1,391,266	$1,738,661	25.0
—Out-Of-Province	4,878	5,933	21.6
TOTAL	$1,396,144	$1,744,594	25.0
UTILIZATION SUMMARY			
—Services Rendered	82,806	94,750	14.4
—Persons Insured	834,000	838,000	0.5
—Persons Receiving Services (Beneficiaries)	81,247	92,175	13.5
—Percentage of Persons Insured	9.7	11.0	
—Services Per 1,000 Insured	99	113	14.1
—Expenditure Per 1,000 Insured	$1,674	$2,082	24.4
—Services Per 1,000 Beneficiaries	1,019	1,028	0.9
—Expenditures Per 1,000 Beneficiaries	$17,184	$18,926	10.1

TABLE 17

Optometric Services

Number of Optometrists Paid, by Payment Range

1981-82 and 1982-83

	Less Than $10,000		$10,000 -19,999		$20,000 -29,999		$30,000 -39,999		$40,000 -49,999		$50,000 And Over		Total	
Location	82	83	82	83	82	83	82	83	82	83	82	83	82	83
Urban	3	3	4	4	3	6	4	3	2	3	3	5	19	24
Rural	5	3	3	4	6	5	3	3	4	3	5	8	26	26
TOTAL	8	6	7	8	9	11	7	6	6	6	8	13	45	50

TABLE 18

Optometric Services

Billing Above Tariff, by Region[1]

Region	Fiscal Year 1981-82 Number Of Optometrists[2]	Fiscal Year 1981-82 Total Billed	Fiscal Year 1982-83 Number Of Optometrists[2]	Fiscal Year 1982-83 Total Billed	Percent Change
Halifax-Dartmouth	12	$ 82,503	13	$ 87,515	6.1
Sydney	4	49,013	4	55,002	12.2
Sub-Total Urban	16	131,516	17	142,517	8.4
Central-North Cumberland, Colchester, Kings, Hants	7	19,583	8	33,078	68.9
Western, Annapolis, Digby, Yarmouth	4	19,933	4	20,114	0.9
South Shore, Lunenburg, Queens	6	20,581	4	26,924	30.8
Central-East Halifax, Pictou	5	24,209	4	34,486	42.5
Cape Breton, Cape Breton County Inverness	-	--	5	20,858	-
Sub-Total Rural	22	84,306	25	135,460	60.7
Total Nova Scotia	38	$215,822	42	$277,977	28.8

[1]No billing above tariff was reported in Queens and Yarmouth counties during 1982-83. There were no optometrists in Antigonish, Guysborough, Shelburne, Richmond and Victoria counties.

[2]Number of optometrists who reported billing above tariff.

TABLE 19

MSI Pharmacare

Payment and Utilization Summary

April 1, 1982 to March 31, 1983

	1981-82	1982-83	Percent Change
Payment Summary			
Payments for Prescriptions Dispensed			
—by participating pharmacies	$20,098,136	$25,624,041	27.5
—by other providers	325,600	392,707	20.6
—by providers outside Nova Scotia	36,378	46,922	29.0
	$20,460,114	$26,063,670	27.4
Homes for Special Care[1]	353,430	477,285	35.0
TOTAL	$20,813,544	$26,540,955	27.5
Utilization Summary			
Persons Insured	94,000	96,000	2.1
Persons Receiving Insured Services (Beneficiaries)	85,275	87,647	2.8
Percent of Persons Insured	90.7	91.3	
Prescriptions Dispensed	1,686,070	1,843,015	9.3
Prescriptions Per Insured	17.9	19.2	
Expenditure Per Insured	$221.42	$276.47	24.9
Prescriptions Per Beneficiary[2]	19.8	21.0	
Expenditure Per Beneficiary[2]	$239.93	$297.37	23.9

[1]Special payment arrangements are in effect for residents of certain Homes for Special Care. These include reimbursement of drug costs, and payments for pharmacy services on a sessional or capitation fee basis.

[2]Excludes persons residing in homes for special care.

TABLE 20

Pharmacare Prescriptions and Amount Paid by Drug Classification

April 1, 1982 to March 31, 1983

Drug Classification		Prescriptions	% Of Total	Amount Paid	% Of Total	Average Paid Per Prescription
04	Antihistaminics	10,564	0.6%	$ 100,697	0.3%	$ 9.53
08	Anti-Infective Agents	95,082	5.2	1,197,551	4.6	12.59
10	Antineoplastic Agents	3,756	0.2	197,805	0.8	52.66
12	Autonomic Agents	58,287	3.2	834,490	3.2	14.32
16	Blood Derivatives	5	-	39	-	7.72
20	Blood Formation & Coagulation	16,920	0.9	145,533	0.6	8.60
24	Cardiovascular Drugs	366,419	19.9	5,385,806	20.7	14.70
28-0400	General Analgesics	1,027	0.1	8,316	-	8.10
28-0800	Analgesics	233,131	12.6	4,593,112	17.6	19.70
28-1200	Anticonvulsants	15,434	0.8	106,774	0.4	6.91
28-1600	Psychotropics	84	-	1,007	-	11.98
28-1604	Antidepressants	42,946	2.3	653,506	2.5	15.22
28-1608	Tranquilizers	106,186	5.8	1,041,323	4.0	9.81
28-1612	Other Psychotropics	716	-	5,815	-	8.12
28-2000	Central Nervous System Stimulants	1,661	0.1	26,833	0.1	16.16
28-2400	Sedatives and Hypnotics	79,522	4.3	697,261	2.7	8.77
	Sub-Total — Class 28	480,707	26.0	7,133,948	27.3	14.84

TABLE 20 (Continued)

Drug Classification		Prescriptions	% Of Total	Amount Paid	% Of Total	Average Paid Per Prescription
36	Diagnostic Agents	34	-%	$ 179	-%	$ 5.28
40	Diuretics and Potassium Replacement Agents	299,753	16.3	3,259,861	12.5	10.88
48	Cough Preparations	23,469	1.3	265,566	1.0	11.32
52	Eye, Ear, Nose & Throat Preparations	64,914	3.5	800,997	3.1	12.34
56	Gastrointestinal Drugs	87,992	4.8	2,155,366	8.3	24.50
60	Gold Compounds	352	-	17,931	0.1	50.94
64	Heavy Metal Antagonists	294	-	10,757	-	36.59
68	Hormones & Substitutes	113,760	6.2	1,238,135	4.8	10.88
72	Local Anesthetics	30	-	65	-	2.18
76	Oxytocics	11	-	206	-	18.70
77	Diabetic Supplies	32,794	1.8	292,903	1.1	8.93
80	Vaccines	222	-	3,183	-	14.34
84	Skin & Mucous Membrane Preparations	55,199	3.0	702,779	2.7	12.73
86	Spasmolytics	29,959	1.6	415,878	1.6	13.88
88	Vitamins & Minerals	19,790	1.1	219,701	0.8	11.10
8885	Ostomy Equipment	9,158	0.5	231,504	0.9	25.28
92	Unclassified Therapeutic Agents	58,495	3.2	1,295,454	5.0	22.15
99	Compounds	12,574	0.7	144,253	0.6	11.47
	Other	2,475	0.1	13,083	0.1	5.28
	TOTAL	1,843,015	100.0	$26,063,670	100.0	$14.14

TABLE 21

Cystic Fibrosis and Diabetes Insipidus Programs

Payment and Utilization Summary

	1981-82	1982-83
PAYMENT SUMMARY		
Cystic Fibrosis		
—Drugs	$150,774	$239,873
—Equipment	2,941	30,971
TOTAL	$153,715	$270,844
Diabetes Insipidus	23,699	36,374
UTILIZATION SUMMARY		
Cystic Fibrosis		
—Insured Persons	119	127
—Expenditure Per Insured Person	$1,292	$2,133
Diabetes Insipidus		
—Insured Persons	36	46
—Expenditure Per Insured Person	$658	$791